

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>06/809348</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing <u>971</u>	<u>1</u>	<u>12/11/97</u>
<input checked="" type="checkbox"/>	Amendment <u>DEP CL</u> <u>967</u>	<u>1</u>	<u>12/11/97</u>
	Extension of Time		
	Notice of Appeal/Appeal		
	Petition		
	Issue		
	Cert of Correction/Terminal Disc.		
	Maintenance		
	Assignment		
	Other		
		7 TOTAL AMOUNT OF REFUND	\$ <u>499</u>
10 REASON:		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check	
<input checked="" type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #: <u>12--0415</u>	
	No Fee Due (Explanation):		
<u>SMALL ENTITY</u> <u>REP SEARCH</u>			
11 REFUND REQUESTED BY: <u>V. WALLACE</u>			
TYPED/PRINTED NAME: _____		TITLE: <u>PA</u>	
SIGNATURE: <u>Norville Wallace</u>		PHONE: <u>305-3736</u>	
OFFICE: _____			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

Application or Docket Number

08/809340

BEST AVAILABLE COPY

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 minus 20 = *	
INDEPENDENT CLAIMS	1 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

RATE	FEE
	385.00
x\$11=	44
x40=	
+130=	
TOTAL	499

RATE	FEE
	770.00
x\$22=	
x80=	
+260=	
TOTAL	

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 23 Minus	** 24
Independent	* 1 Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	**
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 41 Minus	** 24
Independent	* 4 Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	153
x40=	39
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.